

MESYUARAT JAWATANKUASA PEMANDU MNHA 2021



Seksyen
Malaysia National Health Accounts (MNHA)
Bahagian Perancangan
Kementerian Kesihatan Malaysia



COVID-19 HEALTH EXPENDITURE ESTIMATION

Malaysia National Health Accounts (MNHA)
Planning Division, MOH

OUTLINE

1 Introduction

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Methodology

- Objective
- Data Collection
- Mapping

3

Covid-19 Expenditure

- By Sources of Financing
- To Providers of Healthcare
- For Functions

INTRODUCTION

- On 30th January 2020, the World Health Organization (WHO) declared the outbreak of coronavirus disease (COVID-19) a public health emergency of international concern and later in March 2020, as a global pandemic.
- Several mitigation steps were put in place by governments.
- Governments first and foremost, need to ensure to ensure the ability of its health system:
 - to prioritize spending for containing the pandemic and manage the public health response
 - to provide adequate medical care-health system capacity for hospitalization and intensive care.
 - including spending for medical supplies, testing, and surveillance

WHY TRACK COVID-19 EXPENDITURE?

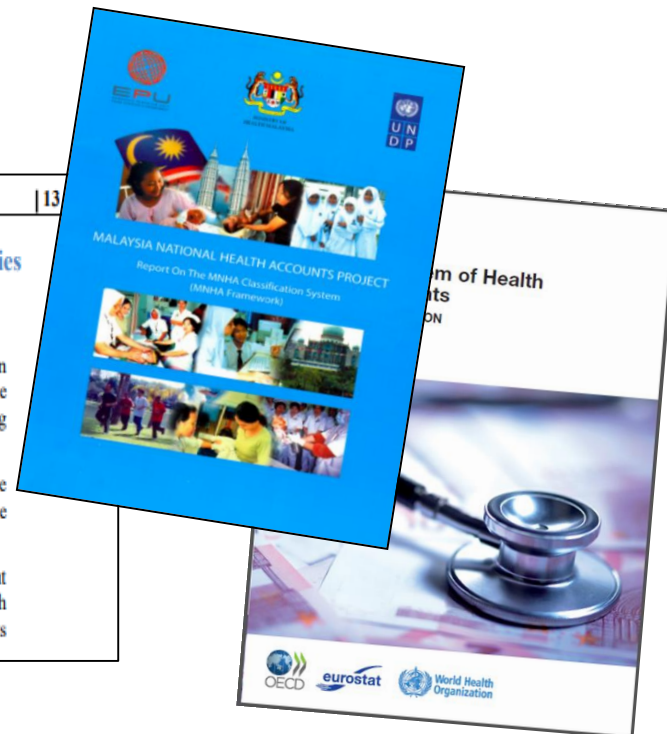
- Covid-19 pandemic had a significant impact on health spending in 2020
- To better understand and to provide a better measurement of health expenditure
- Fundamental principles of NHA can be used to track the spending.

Rapid assessment of health expenditure during the COVID-19 pandemic

To be tailored by country

4. Accounting guidelines for the JHAQ for Covid-19 related activities

- While the Covid-19 pandemic may have a significant impact on health spending in 2020, the pandemic does not change the fundamental accounting principles on which the *System of Health Accounts 2011* (SHA 2011) is based. The key principles for a spending item or activity to be considered under *Current Health Expenditure* are:⁵
 - The primary intent of the activity is to improve, maintain or prevent the deterioration of the health status of the individuals, groups of the population or the population as a whole as well as to mitigate the consequence of ill health;
 - Qualified medical or health care knowledge and skills are needed in carrying out this function, or it can be executed under the supervision of those with such knowledge, or the function is governance and health system administration and its financing;



HOW TO APPROACH COVID-19 ESTIMATION?

Planning and Launch

- Identify Relevant Questions?
- Identify Objectives
- Identify Boundary for Covid-19 health expenditure

Data Collection

- Determine data sources
- Discussions With Relevant Stakeholders
- Identify Data Gaps
- Develop templates to collect data
- Distribute and compile data

Data Analysis and Validation

- Map Data to MNHA and Covid-19 codes for each of the dimensions
- Data analysis
- Present and validate

RELEVANT QUESTIONS RELATED TO COVID-19 EXPENDITURE?

- The funding sources of the COVID-19 related health expenditure?
 - ❖ Public sources
 - ❖ Private Sources
 - ❖ Donors/NGOs
 - ❖ OOP
- How much was the COVID-19 related health expenditure?
 - ❖ Absolute amount (cash and in-kind)
 - ❖ Percentage of TEH
- Who were the providers?
 - ❖ Clinics/ Hospitals/ Temporarily Converted Quarantine Centres/ Health Administrators/ Pharmacies/ Public Health Labs

RELEVANT QUESTIONS RELATED TO COVID-19 EXPENDITURE?

- What were the interventions or functions that the funds were spent on?

- Curative care
 - Quarantine of asymptomatic positive cases
 - Testing /Screening
- Ancillary Services
 - Testing /Screening
- Medical Goods
 - PPE/Sanitizers

- Preventive Care
 - Information, education and counseling
 - Surveillance (reporting, monitoring)
 - Contact tracing
 - Testing /Screening
 - Vaccination
 - Sanitization
 - Quarantine
- Health Administration
 - Coordination during pandemic
 - Allowance/Incentive payment

OBJECTIVES AND BOUNDARY

- Objective:
 - To analyse and report COVID-19 related health expenditure based on MNHA framework
 - To determine the funding sources, providers and functions of Covid-19 related health expenditure
- Boundary of Covid-19 Health Expenditure
 - COVID-19 Health Expenditure comprises of all 'health expenditures' and all 'health-related expenditures' for the purpose of prevention & promotion, rehabilitation and curative care, community health activities, health administration & regulation, capital formation, research & development and education & training targeting to improve health and minimize health impacts from Covid-19 pandemic.

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DATA COLLECTION

- BAHAGIAN KEWANGAN

- BAHAGIAN PEROLEHAN & PENSWASTAAN

- AGENSI PENGURUSAN BENCANA NEGARA (NADMA)

- MAJLIS KESELAMATAN NEGARA (MKN)

- DATA ON DONATIONS TO JKN COLLECTED

- DATA ON PKD ACTIVITIES COLLECTED -ALLOCATION STATISTICS

- OTHER DATA COLLECTION

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MAPPING

MNHA		SHA 2011	
CODES	ACTIVITIES	CODES	ACTIVITIES
HC.CO.V.1	Spending for Covid-19 related treatment	HC.CO.V.1	Spending for Covid-19 related treatment
HC.CO.V.2	Spending For Covid-19 Testing And Contact Tracing	HC.CO.V.2	Spending For Covid-19 Testing And Contact Tracing
HC.CO.V.3	Spending For Vaccination Against Sars-cov-2	HC.CO.V.3	Spending For Vaccination Against Sars-cov-2
HC.CO.V.4	Spending For Covid-19 Medical Goods by Population or Distributed to the Population	HC.CO.V.4	Spending For Covid-19 Medical Goods by Population or Distributed to the Population
HC.CO.V.5	Other Covid-19 related health spending n.e.c	HC.CO.V.5	Other Covid-19 related health spending n.e.c
HC.CO.V.5.1	Allowance/Incentives given to personnel involved in Covid-19 related measures	HK.CO.V.1	Covid-19 related investment
HC.CO.V.5.2	Training of personnel in relation to Covid-19		
HC.CO.V.5.3	Research and Development related to Covid-19		
HC.CO.V.5.4	Governance and Health System Administration related to Covid-19		
HC.CO.V.5.5	Information, Education and Counseling Programmes related to Covid-19		
HC.CO.V.5.6	Transportation related to Covid-19		
HC.CO.V.6	Spending on compliance to Covid-19 public health and safety regulations		
HC.CO.V.6.1	Quarantine Expenditure		
HC.CO.V.6.2	Spending on medical goods to adhere to Covid-19 public health and safety regulations by entities for staff		
HK.CO.V.1	Spending on Gross Capital Formation		

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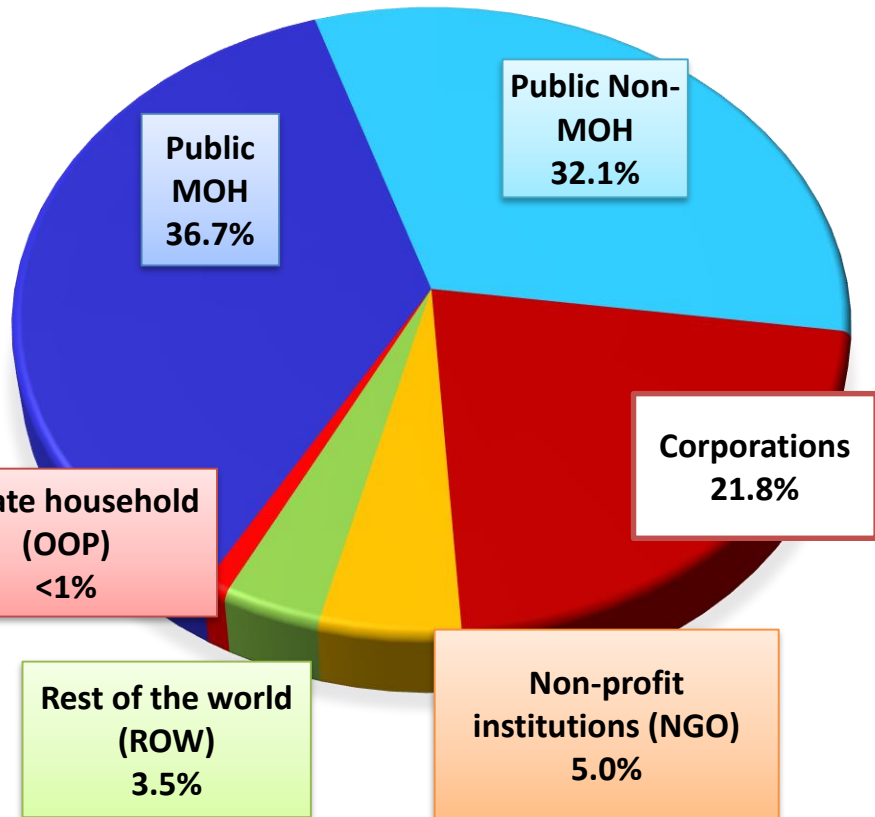
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COVID-19 EXPENDITURE ON HEALTH BY SOURCES OF FINANCING, 2020



TEH 2020
RM67,021,615,154

Sources of Financing	2020
	RM
Ministry of Health (MOH)	791,680,098
Public Non-MOH Agencies	693,628,604
All Corporations	470,254,443
Non-profit institutions (NGO)	108,357,129
Rest of the world (ROW)	75,672,169
Private household (OOP)	18,753,528
TOTAL	2,158,345,971

Notes:

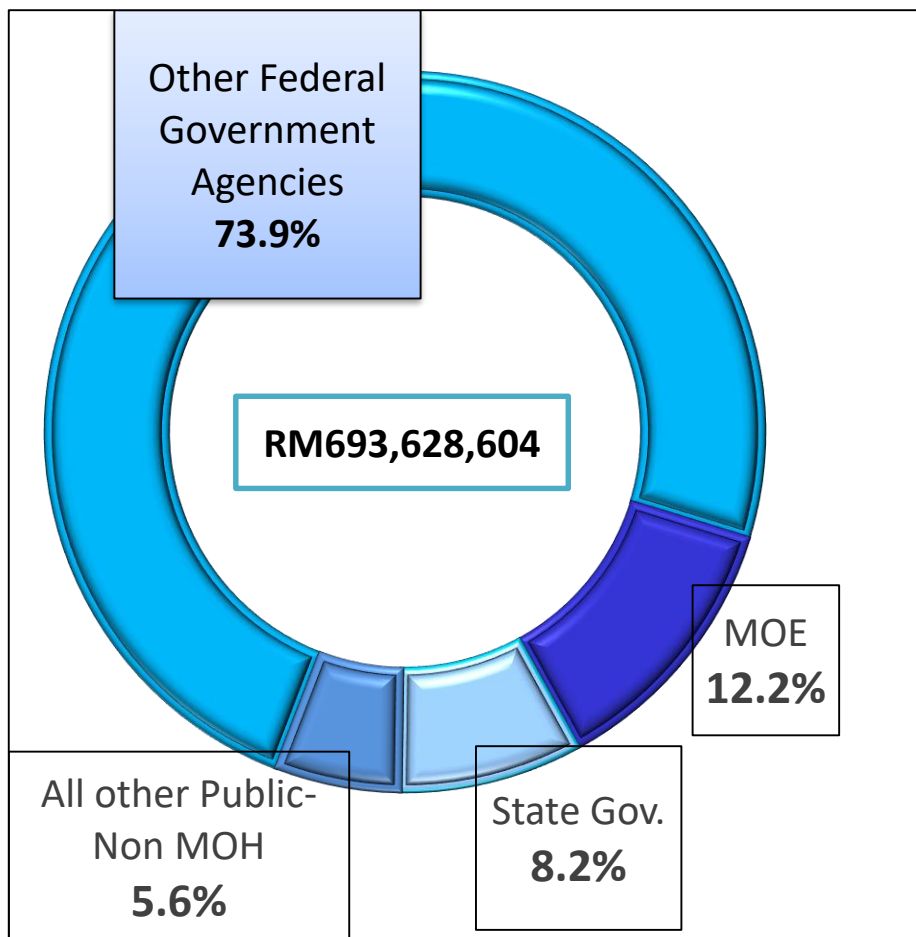
MOH expenditure as a source refers to expenditure channeled via KWC

Public Non-MOH encompasses MOHE, MOD, Other Federal Agencies, LA, State Government

Donations by various public and private agencies contributed to 19.6%

Private OOP and Corporation expenditure is captured via donation data by these 2 sources

COVID-19 EXPENDITURE ON HEALTH By PUBLIC NON MOH, 2020

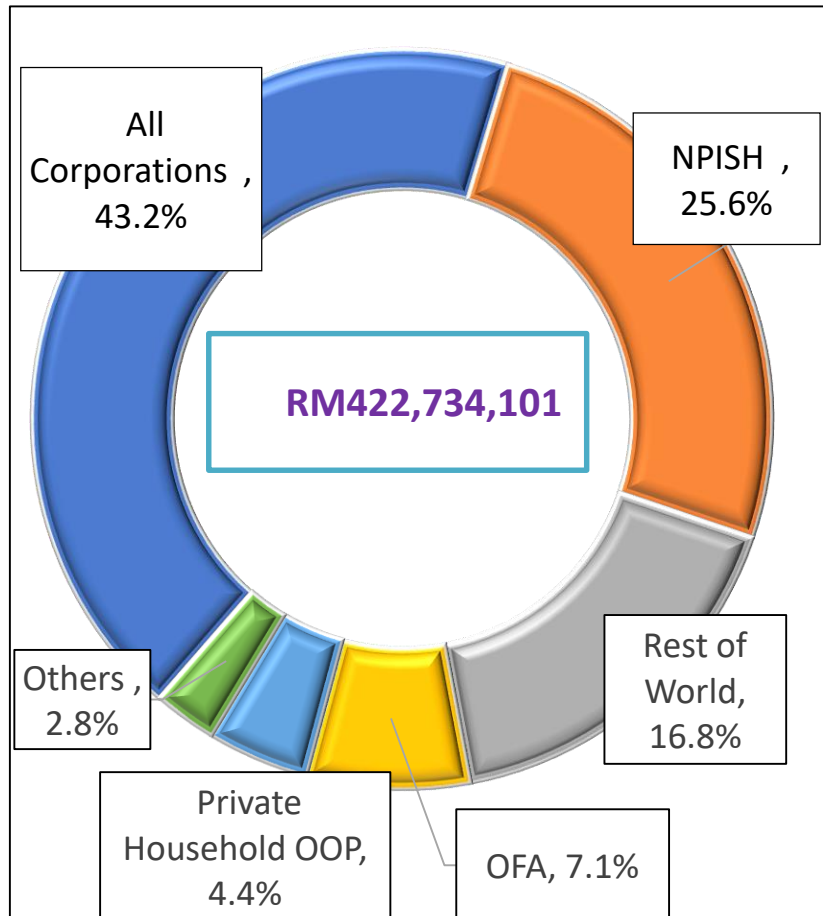


Public Non-MOH	2020	
	RM	%
Other Federal Government Agencies	512,855,060	73.9
Ministry of Education (MOE)	84,810,059	12.2
State government	56,981,187	8.2
All other Public-Non MOH	38,982,299	5.6
Total	693,628,604	100

Notes:

Among Other Federal Agencies (OFA)-NADMA accounted for RM417,471,211 or 81.4% of total OFA

COVID-19 EXPENDITURE ON HEALTH VIA DONATIONS, 2020

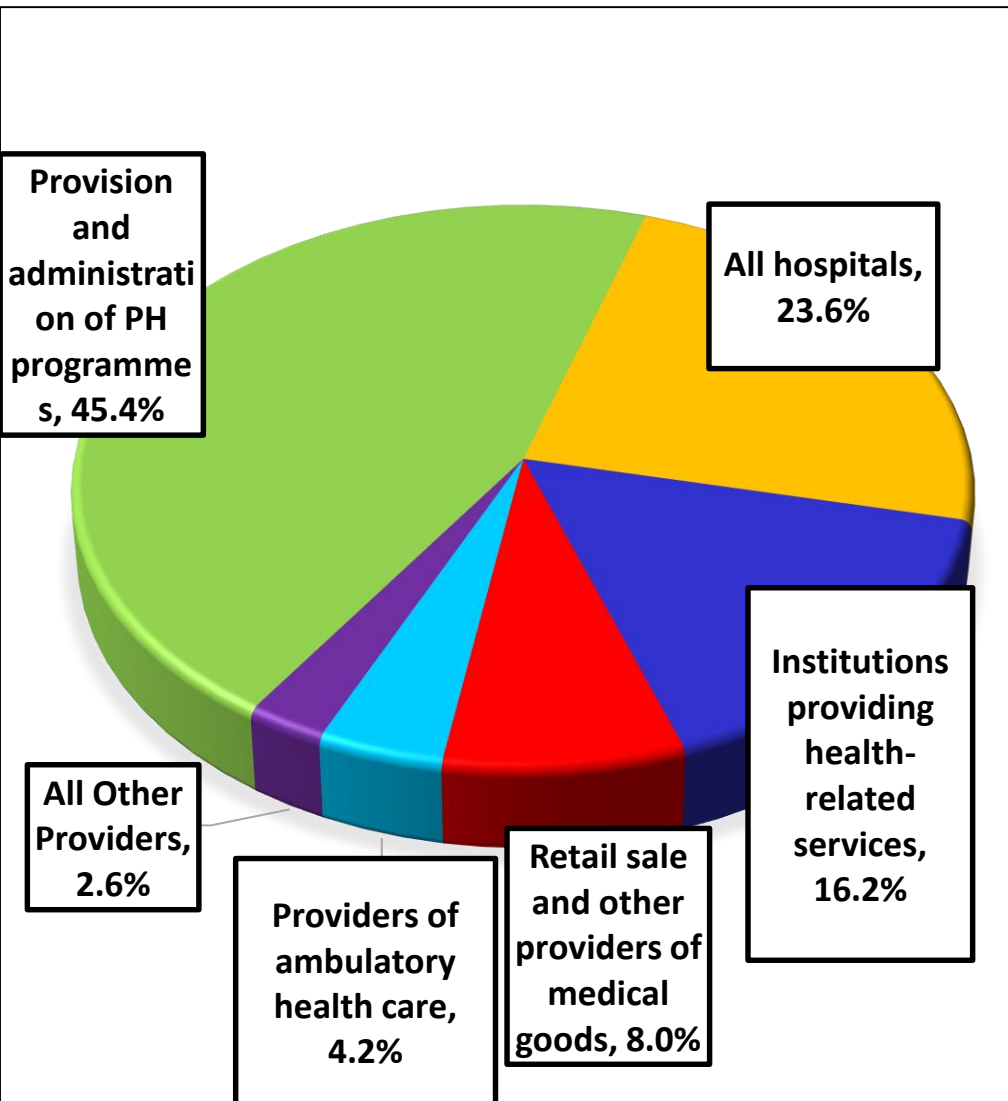


SOURCES OF DONATIONS	2020
	RM
All Corporations	182,782,504
NPISH	108,131,514
Rest of World	71,172,230
Other Federal Government Agencies (OFA)	30,215,233
Private Household OOP	18,753,528
All other Donations	11,679,093
Total	422,734,101

Notes:

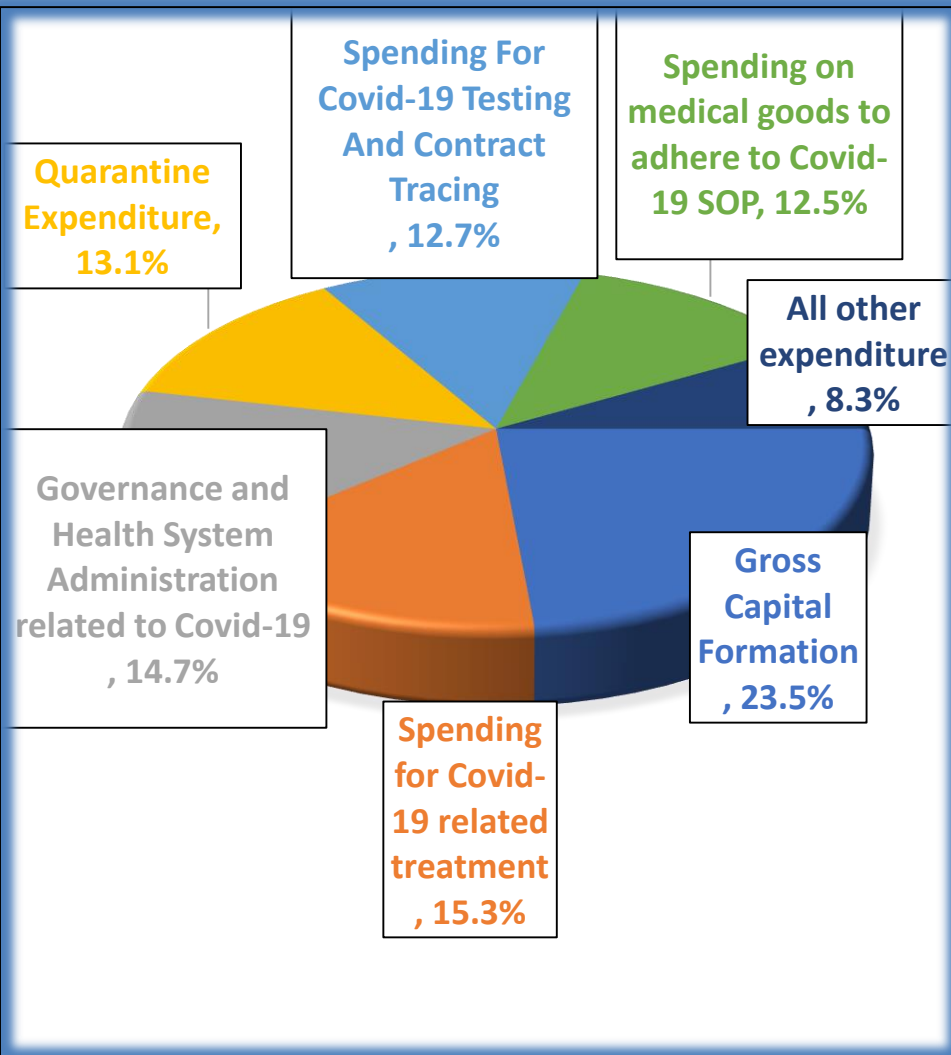
Donations details: HQ MOH - RM307,497,661
 JKN - RM 92,152,973
 Tabung Covid- RM 23,083,467

COVID-19 EXPENDITURE ON HEALTH TO PROVIDERS OF HEALTHCARE, 2020



Providers of Health Care	RM
Provision and administration of PH programmes	980,272,274
All hospitals	509,402,767
Institutions providing health-related services	349,683,917
Retail sale and other providers of medical goods	172,211,872
Providers of ambulatory health care	90,032,154
All other providers	56,742,988
Total	2,158,345,971

COVID-19 EXPENDITURE ON HEALTH FOR FUNCTIONS, 2020



Functions of Health services	RM (2020)
Gross Capital Formation	507,655,233
Spending for Covid-19 related treatment	330,241,220
Governance and Health System Administration related to Covid-19	316,912,667
Quarantine Expenditure	281,827,194
Spending For Covid-19 Testing And Contact Tracing	273,539,222
Spending on medical goods to adhere to Covid-19 SOP	269,947,414
All other expenditure	178,223,021
Total	2,158,345,971

✓ SUMMARY COVID-19 ESTIMATION HEALTH EXPENDITURE

2020

TEH
Total Expenditure of Health

RM67,022m


Estimation of Covid-19
Health Expenditure

RM2,158million

Estimation as % of
TEH

3.2 %


Main Source of Financing



36.7%

Ministry of Health

Donation
Contribution



19.6%

RM423million

Spending on Gross
Capital Formation was
highest



23.5 %

RM508million

✓ LIMITATIONS OF COVID-19 ESTIMATION HEALTH EXPENDITURE 2020

- **Underestimations**

- unable to capture expenditure using existing operational allocation.
- AG data did not tag COVID-19 expenditure
- expenditure by OOP and Corporations sources are limited to donation data. Lack of data for as latest Household Expenditure Survey (HES) Report is for 2019
- Unable to track source to cash donation data
- Estimations were used to place value in gaps among non-cash donations

THANK YOU!
YOU'RE OUR HERO

